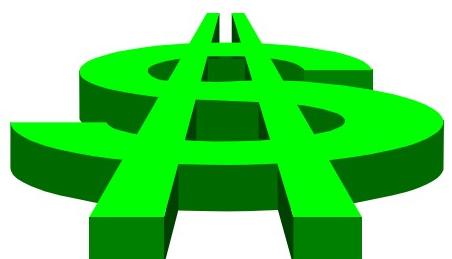
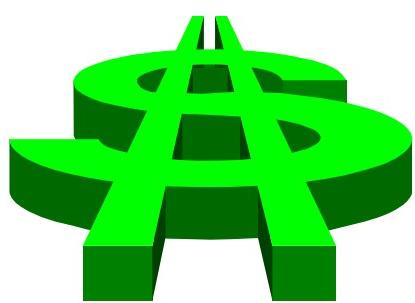


FINANCIAL READINESS



E1

SELECTING A FINANCIAL INSTITUTION

SOME QUESTIONS YOU MAY WANT TO CONSIDER:

- **IS THE LOCATION CONVENIENT?**
 - **MAY I BANK AT ANY BRANCH?**
 - **HOW MUCH WILL I BE CHARGED FOR EACH ACCOUNT?**
 - **WHAT ARE THE CUSTOMER SERVICES HOURS?**
 - **IS THERE A TOLL FREE NUMBER IF I NEED ASSISTANCE?**
 - **DO I HAVE ACCESS TO AN ATM?**
-
- **HOW MUCH DO I HAVE TO PAY FOR USE OF THE ATM?**
 - **WHAT TYPE OF ACCOUNTS ARE AVAILABLE?**
 - **IS MY MONEY INSURED WHEN DEPOSITED IN THIS FINANCIAL INSTITUTION?**
 - **IF I HAVE DIRECT DEPOSIT, WHEN IS MY MONEY CREDITED TO MY ACCOUNT?**
 - **IS THERE A MINIMUM BALANCE REQUIREMENT?**

SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

A separate form must be completed for each type of payment to be sent by Direct Deposit

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)			D TYPE OF DEPOSITOR ACCOUNT	
			<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. box, APO/FPO)			E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER AREA CODE			<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary/Mil. Civilian Pay
			<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____
			<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____
			<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____
			<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____ (specify)
B NAME OF PERSON(S) ENTITLED TO PAYMENT			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix			TYPE	AMOUNT
PAYEE/Joint PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			J Joint ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE		DATE
SIGNATURE	DATE	SIGNATURE		DATE

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

JUMPS - JSS PAY ELECTIONS

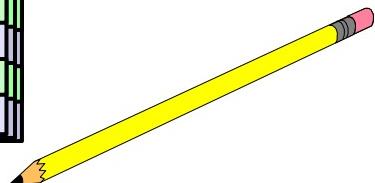
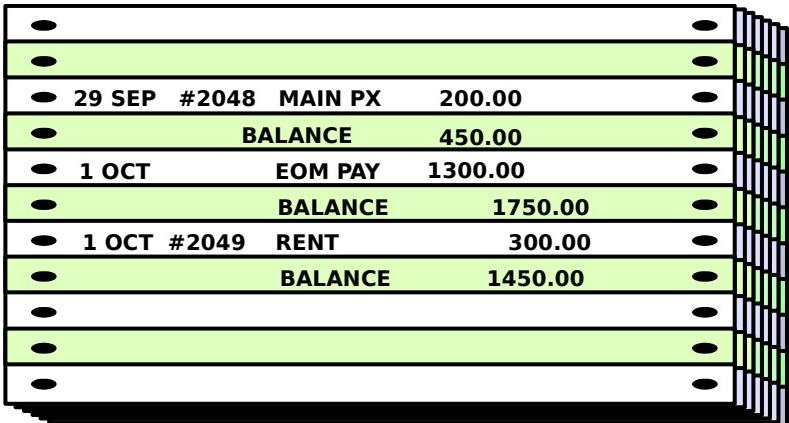
For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

- Authority:** Title 37 USC, Section 101.
- Principal Purpose:** To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.
- Routine Use:** To establish the pay account of the MMPF.
- Disclosure:** Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item)		2. METHOD OF PAYMENT (X one item)	
	a. Once a Month		a. Sure Pay/Direct Deposit (<i>Complete Section 4.</i>)
	b. Twice a Month		b. Check to Address (<i>Complete 5.</i>)
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)		b. SPECIFY AMOUNT \$	
	a. If a held pay amount is also desired, check box and enter amount.		
4. SURE PAY/DIRECT DEPOSIT (X one box.)			
	a. SF 1199A attached (<i>Complete items (1) through (5).</i>)		b. SF 1199A on file. (<i>Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution (Do not complete items (1) through (5)).</i>
	(1) NAME OF FINANCIAL ORGANIZATION		
	(2) SAVINGS OR CHECKING ACCOUNT NO		
	(3) NAME OF ACCOUNT HOLDER		
	(4) STREET NO., RR NO., P.O. BOX		
(5) CITY, STATE, ZIP CODE (<i>Or Country</i>)			
5. CHECK TO ADDRESS (Provide complete mailing address.)			
a. STREET NO., RR NO., P.O. BOX			
b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY
6. REMARKS			
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.			
a. TYPED OR PRINTED NAME		e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN			
c. SIGNATURE			
		d. DATE	

SOME CHECK WRITING RULES TO LIVE BY



- ♦ **KEEP YOUR CHECKBOOK BALANCE CURRENT.**
- ♦ **WHEN YOU WRITE A CHECK RECORD IT IN YOUR CHECKBOOK IMMEDIATELY.**
- ♦ **REMEMBER TO DEDUCT ATM WITHDRAWALS!**
- ♦ **WRITE THE CHECK IN PERMANENT INK.**
- ♦ **DATE YOUR CHECK THE DAY IT IS WRITTEN.**
- ♦ **ALWAYS WRITE A NAME ON THE PAYEE LINE.**
- ♦ **SIGN YOUR CHECK LAST.**

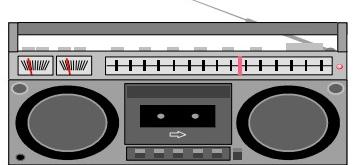
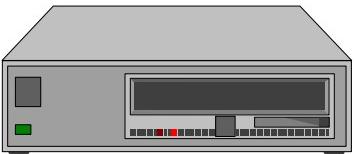
MOST IMPORTANT TO REMEMBER:

JUST BECAUSE YOU HAVE CHECKS DOESN'T MEAN YOU HAVE UNLIMITED FUNDS!!

PENALTIES FOR BAD CHECKS

- SERVICE CHARGES ARE ASSESSED BY FINANCIAL INSTITUTIONS AND MERCHANTS FOR RETURNED CHECKS.
- YOUR CHAIN OF COMMAND GETS INVOLVED.
- YOU COULD RUIN YOUR CREDIT RATING.
- YOU MAY BE PLACED ON THE DISHONORED CHECK LIST AND HAVE CHECK WRITING PRIVILEGES SUSPENDED.
- YOU COULD RECEIVE AN OFFICIAL REPRIMAND.
- YOU COULD RECEIVE A NEGATIVE EVALUATION REPORT.
- YOU MAY FACE A REDUCTION IN RANK/GRADE.
- YOU MAY BE COURT-MARTIALED.
- YOU MAY FACE A BAR TO REENLISTMENT.





CREDIT CARDS AND DEFERRED PAYMENT PLAN

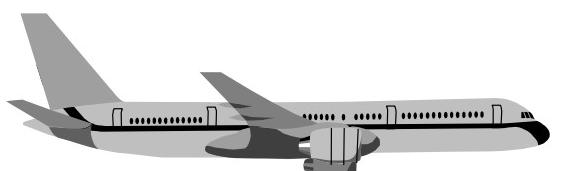
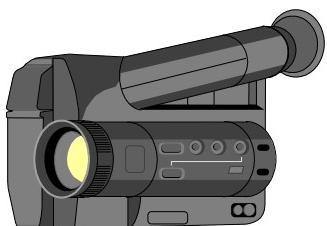
ADVANTAGES/DISADVANTAGES

- **CREDIT CARDS**

1. WORKS LIKE A LOAN
2. CHARGE NOW, PAY LATER
3. LIMITED AMOUNT AUTHORIZED
4. ACCEPTED WORLDWIDE
5. YEARLY FEES
6. MONTHLY PAYMENTS
7. USED WHEN NOT NECESSARY
8. MAY LEAD TO BAD SPENDING HABITS

- **DEFERRED PAYMENT PLAN**

1. ENJOY GOODS NOW, PAY LATER
2. MONTHLY PAYMENTS
3. TAX FREE/INTEREST CHARGED
4. LIMIT SET BY GRADE
5. UNPAID BILLS MAY BE DEDUCTED FROM PAY



MILITARY AND CIVILIAN SUPPORT AGENCIES

- **INFORMATION, REFERRAL and FOLLOW-UP PROGRAM (IR&F).**
- **RELOCATION ASSISTANCE PROGRAM (RAP).**
- **EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP).**
- **CONSUMER AFFAIRS AND FINANCIAL ASSISTANCE PROGRAM (CAFAP).**
- **FAMILY MEMBER EMPLOYMENT ASSISTANCE PROGRAM (FMEAP).**
- **FAMILY ADVOCACY PROGRAM (FAP).**
- **FOSTER CARE PROGRAM.**
- **THE OUTREACH PROGRAM.**



PERSONNEL QUALIFIED FOR ASSISTANCE

- **ACTIVE DUTY MILITARY PERSONNEL AND FAMILIES.**
- **RESERVE AND NATIONAL GUARD MEMBERS ON ACTIVE DUTY.**
- **NEXT OF KIN OF PRISONER OF WAR, MISSING IN ACTION FOR ALL SERVICES.**
- **RETIRED MILITARY PERSONNEL AND FAMILIES.**
- **WIDOWS, WIDOWERS AND NEXT OF KIN OF MILITARY PERSONNEL.**

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNING STATEMENT																
ID	NAME LAST FIRST, MI. RICHARDSON, KEVIN A.		SSN 123-46-7889	GRADE E-7	PAYDATE 820130	YRS SVC	ETS 15	BRANCH 991203	ADSN DSSN ARMY	PERIOD COVERED 5570						
	ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY						
	Type	Amount		Type	Amount		Type	Amount		+Amt Fwd						
A	BASE PAY	2175.30		FED TAXES	179.35		BOND #01	50.00								
B	BAH	471.17		FICA-SOC SEC	134.87		BOND #02	50.00	+TOT ENT			2874.6				
C	BAS	228.16		FICA-MEDICARE	31.54		CFC ALLOT	3.00								
D				STATE TAXES	78.87		AER ALLOT	3.00								
E				SGLI FOR 200,000	17.00											
F				AFRH	.50											
G				MID-MONTH-PAY	992.84											
H																
I																
J																
K																
L																
										-TOT ALMT	106					
											1333.66					
										-CR FWD						
										=EOM PAY						
	TOTAL	2874.63			1434.97					106.00						
LEAVE	BF BAL 30	ERND 25	USED 10	CR BAL 45	ETS BAL 128.5	LOST 0	PAID 0	USELOSE 0	FED TAXES 2175.30	WAGE PER 2175.30	WAGE YTD 15227.10	MS 6227.10	EX M	ADDL 02	TAXY TD	1255.45
FICA TAXES	WAGE PER 2175.30	WAGE YTD 15227.10	TAX YTD 944.09	MED WG YTD 15227.10	MD TX YTD 220.78	STATE TAXES GA	ST 2175.30	WG PER 15227.10	WAGE YTD M 02	MS 2175.30	EX 15227.10	TAX YTD M 02	552.09			
PAY DATA	BAQ TYPE SINGLE	BAQ DEPN SPOUSE	VHA ZIP 29207	RENT AMT 695.00	SHARE STA 1	JFTR R	DEPNS 0	2D FTR REGULAR	BAS TYPE CHARITY 27.00	CHARITY TPC PACIDIN ECP1PT40						

REMARKS: YTD ENTITLE 20512.03 YTD DEDUCT 3100.91

YOUR PAY/PERSONNEL FILE IS ROUTINELY
MATCHED WITH STATE FILES TO IDENTIFY
MEMBERS DELINQUENT IN CHILD SUPPORT PMTS.

BANK: THIRD NATIONAL BANK
ACCT #: 6395886991

YOUR CURRENT STATE CLAIM IS: GEORGIA.
PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE
FOR STATE INCOME TAX PURPOSES. CONTACT
YOUR PAYROLL OFFICE TO FILE A NEW DD FORM
2058 TO CHANGE/ESTABLISH CORRECT STATE
IMMEDIATELY.

**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY NET PAY
ADVICE**

The amount in block 6 is your net pay for the payday indicated in block 4 and was sent to the financial organization in block 7 for credit to your account. When cashing a personal check at your financial organization on payday, advise your teller you are a participant in the Direct Deposit Program. It will help you with better service. If you are paid once a month or you do not have pay sent to a financial organization for direct deposit, information in block 5 through 7 will not be present and this form is intended to provide you with the remarks information only.

1. MEMBER'S NAME AND ADDRESS 4. PAY DATE	2. SSN	3. ADSN/DSSN
15 JAN 98 SIMPSON, THOMAS C. PAY AMOUNT ECMIP40	999-99-9999	5570
5. ACCOUNT NUMBER	6. NET	
	6395886990	
FORWARDED TO:	7. YOUR NET PAY WAS	
8. REMARKS	THIRD NATIONAL BANK HINESVILLE, GA 31315-1211	
EFFECTIVE JAN 1998, PREMIUMS FOR THE DENTAL PLAN INCREASED. PREMIUM FOR SINGLE COVERAGE IS \$7.19 AND \$17.97 FOR FAMILY COVERAGE.		
IN GEORGIA, SOUTH CAROLINA, FLORIDA, ALABAMA, MISSISSIPPI, LOUISIANA, AND TENNESSEE, THE TRICARE PROGRAM BEGAN 1 JULY 1996 FOR ELIGIBLE BENEFICIARIES.		
CALL 1-800-44-4554 FOR MORE INFORMATION.		

TYPE OF MILITARY PAY ENTITLEMENTS

- a. BASE PAY - PAY ALL SOLDIERS ARE ENTITLED TO WHILE ON ACTIVE DUTY.**
- b. SPECIAL PAY - ADDITIONAL PAY RECEIVED FOR MEETING A SPECIFIC REQUIREMENT IN ACCORDANCE WITH DEPARTMENT OF DEFENSE FINANCIAL MANAGEMENT REGULATION, VOL 7A. THERE ARE SEVERAL DIFFERENT TYPES:**
 - 1. FOREIGN DUTY PAY**
 - 2. FOREIGN LANGUAGE PROFICIENCY PAY**
- c. INCENTIVE PAY - ADDITIONAL PAY RECEIVED FOR MEETING A SPECIFIC REQUIREMENT IN ACCORDANCE WITH DEPARTMENT OF DEFENSE FINANCIAL MANAGEMENT REGULATION, VOL, 7A. THERE ARE SEVERAL DIFFERENT TYPES:**
 - 1. HIGH ALTITUDE LOW OPENING PAY (HALO)**
 - 2. DEMOLITION PAY**

TYPE OF ALLOWANCES

d. BASIC ALLOWANCE FOR HOUSING (BAH) - AMOUNT OF MONEY PRESCRIBED AND LIMITED BY LAW WHICH AN OFFICER OR ENLISTED MEMBER RECEIVES TO PAY FOR QUARTERS NOT PROVIDED BY THE GOVERNMENT. BAH CONSISTS OF BOTH BASIC ALLOWANCE FOR QUARTERS (BAQ) AND VARIABLE HOUSING ALLOWANCE (VHA). THERE ARE SEVERAL TYPES OF BAQ:

- 1. PARTIAL BAQ**
- 2. BAQ/WITHOUT DEPENDENTS**
- 3. BAQ/WITH DEPENDENTS**

VHA IS PAYABLE TO ALL MEMBERS WHEN AUTHORIZED TO LIVE OFF POST AND GOVERNMENT HOUSING IS NOT AVAILABLE, WITHIN THE CONTINENTAL UNITED STATES AND THE DISTRICT OF COLUMBIA, IF AUTHORIZED FOR THAT AREA. IT IS PAYABLE FOR ADDED HOUSING EXPENSES.

e. BASIC ALLOWANCE FOR SUBSISTENCE (BAS) - A CASH ALLOWANCE BY LAW PAYABLE TO OFFICERS AT ALL TIMES AND TO ENLISTED PERSONNEL UNDER CERTAIN CONDITIONS. THERE ARE SEVERAL DIFFERENT TYPES AND RATES PAYABLE TO ENLISTED MEMBERS. THEY ARE:

- 1. SEPARATE RATIONS**
- 2. RATIONS IN KIND NOT AVAILABLE**

f. FAMILY SEPARATION ALLOWANCE (FSA) - PAYABLE ONLY TO MEMBERS WITH DEPENDENTS. THIS IS AN ADDITIONAL ALLOWANCE TO ANY ALLOWANCE THE MEMBER MAY BE ENTITLED. THERE ARE TWO TYPES:

- 1. FSA TYPE I**
- 2. FSA TYPE II**

- g. COST OF LIVING ALLOWANCE - OCONUS (COLA) - PAYABLE IN OVERSEAS AREAS THAT ARE APPROVED BY THE SERVICES CONCERNED TO COMPENSATE FOR A HIGH COST OF LIVING.**
- h. COST OF LIVING ALLOWANCE - CONUS (COLA) - PAYABLE IN DESIGNATED U.S. HIGH COST AREAS.**
- i. OVERSEAS HOUSING ALLOWANCE (OHA) - PAYABLE IN OVERSEAS AREAS APPROVED BY THE SERVICES CONCERNED FOR THE PURPOSE OF RESIDING OFF BASE WHERE NO GOVERNMENT HOUSING IS PROVIDED.**
- j. CLOTHING MONETARY ALLOWANCE (CMA) - ANNUAL CASH REPLACEMENT ALLOWANCE AUTHORIZED FOR THE REPAIR AND REPLACEMENT OF MILITARY CLOTHING. THIS ALLOWANCE IS PAYABLE ONLY TO ENLISTED MEMBERS AT THE END OF THE MEMBER'S ANNIVERSARY MONTH OF INITIAL ENTRY TO ACTIVE DUTY.**
- k. OFFICER'S UNIFORM AND EQUIPMENT ALLOWANCE - PAYABLE UPON CALL TO ACTIVE DUTY FOR TRAINING.**

MILITARY PAY ENTITLEMENTS ARE TAXABLE WHEN THEY END WITH THE WORD "PAY". BONUSES ARE ALSO TAXABLE BECAUSE THEY ARE A FORM OF BASE PAY.

MILITARY PAY ALLOWANCES ARE NOT TAXABLE.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNING STATEMENT																
ID	NAME LAST FIRST, MI. RICHARDSON, KEVIN A.		SSN 123-46-7889	GRADE E-7	PAYDATE 820130	YRS SVC	ETS 15	BRANCH 991203	ADSN DSSN ARMY	PERIOD COVERED 5570						
	ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY						
	Type	Amount		Type	Amount		Type	Amount		+Amt Fwd						
A	BASE PAY	2175.30		FED TAXES	179.35		BOND #01	50.00								
B	BAH	471.17		FICA-SOC SEC	134.87		BOND #02	50.00	+TOT ENT			2874.6				
C	BAS	228.16		FICA-MEDICARE	31.54		CFC ALLOT	3.00								
D				STATE TAXES	78.87		AER ALLOT	3.00								
E				SGLI FOR 200,000	17.00											
F				AFRH	.50											
G				MID-MONTH-PAY	992.84											
H																
I										-TOT ALMT	106					
J																
K										NET AMT	1333.66					
L																
										-CR FWD						
										=EOM PAY						
	TOTAL	2874.63			1434.97					106.00						
LEAVE	BF BAL 30	ERND 25	USED 10	CR BAL 45	ETS BAL 128.5	LOST 0	PAID 0	USELOSE 0	FED TAXES 2175.30	WAGEPER 2175.30	WAGEYTD 15227.10	MS 5227 10	EX M	ADDL TAX 02	TAXY TD	1255.45
FICA TAXES	WAGE PER 2175.30	WAGE YTD 15227.10	TAX YTD 944.09	MED WG YTD 15227.10	MD TX YTD 220.78	STATE TAXES GA	ST 2175.30	WGPER 2175.30	WAGE YTD 15227.10	MS M 02	EX 02	TAX YTD 552.09				
PAY DATA	BAQ TYPE SINGLE	BAQ DEPN SPOUSE	VHA ZIP 29207	RENT AMT 695.00	SHARE STA 1	JFTR R	DEPNS 0	2D JFTR	BAS TYPE REGULAR	CHARITY 27.00	TPC F0M1PT40	PACIDIN				

REMARKS: YTD ENTITLE 20512.03 YTD DEDUCT 3100.91

YOUR PAY/PERSONNEL FILE IS ROUTINELY
MATCHED WITH STATE FILES TO IDENTIFY
MEMBERS DELINQUENT IN CHILD SUPPORT PMTS.

BANK: THIRD NATIONAL BANK
ACCT #: 6395886991

YOUR CURRENT STATE CLAIM IS: GEORGIA.
PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE
FOR STATE INCOME TAX PURPOSES. CONTACT
YOUR PAYROLL OFFICE TO FILE A NEW DD FORM
2058 TO CHANGE/ESTABLISH CORRECT STATE
IMMEDIATELY.

OFFICE SYMBOL

ASSIGNMENT/TERMINATION TO FAMILY HOUSING

ATSG-TD-EFS

ASSIGNMENT TO FAMILY HOUSING

TO: SEE DISTRIBUTION FROM: HOUSING OFFICE DATE: 18 DEC 1997
FT STEWART GA

1. THE FOLLOWING INDIVIDUAL IS ASSIGNED/TERMINATED GOVERNMENT FAMILY QUARTERS:

2. EFFECTIVE DATE 25 DEC 1997

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF: GOVERNMENT/ INDIVIDUAL/ COMMAND

5. THIS ACTION IS/ IS NOT TAKEN AS PART OF INTRAPOST MOVE.

FOR THE COMMANDER:

/S/

**FLORENCE E. LEGGETT
C: FAM HSG MGT BR**

DISTRIBUTION:

**INDIVIDUAL 05
TRANSPORTATION 05
FINANCE OFFICE 02
UNIT 01
FILE COPY 01**

** FOR INSTRUCTIONAL PURPOSE ONLY **

PAY INQUIRY For use of this form see AR 37-1043; the proponent agency is USAFAC		BLOCK NUMBER	
		INQUIRY NO	DATE
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle) RICHARDSON, KEVIN A.	SSN 123-46-7889	GRADE SFC	
UNIT HQ, 1ST BN/ 3RD BDE, FT STEWART, GA 31314	PHONE NUMBER X 8225		
NATURE OF PAY INQUIRY (Be specific) I WAS ASSIGNED TO GOVERNMENT QUARTERS AS OF 25 JUN 1996. I AM STILL RECEIVING BAH.			
SECTION II (To be completed by Unit Commander)			
<input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance		DATE	TL NUMBER
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.			
<input type="checkbox"/> 3. Other (Specify)			
Signature of Unit Commander (or soldier as appropriate)			DATE
SECTION III (To be completed by Finance)			
PROBLEM	<input type="checkbox"/> Allowment	<input type="checkbox"/> Entitlements	<input type="checkbox"/> Collection
	<input type="checkbox"/> Nonreceipt: Check	<input type="checkbox"/> Nonreceipt: LES	<input type="checkbox"/> Leave
INQUIRY ANALYSIS CAUSE			
<input type="checkbox"/> 1. Nonreceipt of document from Unit Commander. <input type="checkbox"/> 3. Document received- Finance did not process. <input type="checkbox"/> 5. Document received from Unit Commander online but too late to be processed prior to UMP5 cutoff. <input type="checkbox"/> 7. USAFAC		<input type="checkbox"/> 2. Late receipt of document from Unit Commander. <input type="checkbox"/> 4. Document received and processed but rejected on D UQ. <input type="checkbox"/> 6. Problem with prior station <input type="checkbox"/> 8. Other (Specify) _____	
DESCRIPTION OF CAUSE AND ACTION TAKEN			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Local Payment <input type="checkbox"/> INQUIRY EVALUATION <input type="checkbox"/> Valid <input type="checkbox"/> Invalid	
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	

Identify procedures to resolve pay inquiries

A. Steps in resolving pay problems:

- 1. Review your military leave and earnings statement. Compare last month's LES with the current month.**
- 2. Identify the pay entitlements and allowances.**
 - a. Verify that the Entitlement section of your LES is correct and all authorized is present.**
 - b. Verify that the Deduction section has the correct type of collection.**
 - c. Verify that the Allotments section has the correct type and amount deduction.**
 - d. Verify that the Summary section has the correct amounts.**
 - e. Verify that the Leave section information is correct.**
 - f. Verify that the federal taxes section has the correct information.**
 - g. Verify that the FICA taxes section has the correct information.**
 - h. Verify that the state taxes section has the correct information.**
 - i. Verify that the Pay Data section is correct.**
- 3. Identify the pay problems with the LES you have just reviewed.**
 - a. The soldier is receiving partial BAQ. The Pay Data section shows the soldier has no dependents. The soldier states that he has two dependents and lives in government family type quarters.**
 - b. The soldier should not be receiving any BAQ because he lives in family type government quarters. His pay data information will be used to stop BAQ when input is processed. Now that we have verified the information and identified that a pay correction is required, continue with procedures to resolve the pay inquiry.**

4. Notify the chain of command.

- a. Individual pay problems are screened at the unit level to determine the most effective method of resolving the soldier's inquiry. Commanders, 1SGs, Platoon Sergeants, and PAC Sergeants will make every effort to resolve a soldier's inquiry or suggest the most effective action to resolve the problem.
- b. The Personnel Administrative Center (PAC) will complete and sign the Inquiry Form. Individual soldiers should not handcarry a Pay Inquiry to the finance unit without processing it through their PAC.

NOTE: The procedures for processing pay inquiries and corrections to soldiers' pay vary. One should always start with the PAC for further guidance on processing a Pay Inquiry.

5. Complete a Pay Inquiry (DA Form 2142).

NOTE: Some PACs will complete the form for you, others may require the soldier to complete the form.

- a. Complete section 1:

- (1) Fill in your name.
- (2) Fill in your Social Security Number.
- (3) Fill in your Grade.
- (4) Fill in your Unit address.
- (5) Fill in your Unit phone number.
- (6) Write a brief description of the nature of the Pay Inquiry.
- (7) Attach a copy of your latest LES to show what action is required.
- (8) Attach a copy of the supporting document(s) authorizing the action, if applicable.

NOTE: We will not discuss the different types of documents required to establish specific entitlements or allowances, since these documents vary, depending on the nature of the inquiry.

- b. The commander or his/her designated representative will complete Part II. The PAC will either make input to correct the pay problem, or forward the pay inquiry to the servicing finance unit. If a local payment is requested or an appointment is necessary, the PAC will make an appointment with finance and the soldier will handcarry all documentation to the finance unit.